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RE: Docket # 2007-445-A

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Dear Sir / Madame:

OCT 30 2008

PSC SC  
DOCKETING

It is absurd to think that non-medical personnel are being considered to transport dialysis patients and other medical patients to and from their scheduled treatments. Yes, there are surely some patients that can be taken through that means of transportation. However, not all fall under that classification. The state of South Carolina already provides transportation for these patients (ie: wheelchair vans and ambulatory vans). I am sure that if you approach patients about being transported in a "STRETCHER VAN" that there will be PATIENTS & persons caring for them that will feel neglected and cheated from the service(s) they deserve. Patients that go to dialysis treatment from Skilled Nursing Facilities would be going from skilled medical care to no medical care in a "STRETCHER VAN" back to medical care once they arrive at their respective treatment center. Do we just ignore their medical needs for that transportation? Who is responsible for the time in which this person is not under direct medical supervision- a non-trained person on a "STRETCHER VAN"? There is only one word that sums up this issue - NEGLECT. If one of my family members needed medical transportation to take them to and from treatments, that is what I would want for them nothing less. As an EMT on a SC DHEC certified ambulance, I have been through a DHEC approved and a SC DOT approved training to carry a SC EMT-B Certification card in my pocket. I care for my patients. I do not give my patients a ride. I treat my patients. I am not a delivery person. I take personal offense to anyone even toying with the notion of "STRETCHER VAN" with non-certified personnel working on them that can not care for the patients, can not treat the patients, can not handle any emergency that may arise that is accompanied with renal insufficiency and/or renal failure.

They will not take vital signs. How will they know if too much fluid was extracted from a patient (which sometimes does not present until after hemo-dialysis treatment); will that patient be taken home placed back in his/her bed and left to die due to hypovolemia? They will not assess breath sounds? If a patient is on "fluid overload" or "CHF exacerbation"? Before treatment, they will not be able to make the qualified decision that this person should go ahead to treatment or should this patient be taken to the Emergency Department for further evaluation. For example, Mrs. Jones goes to



hemo-dialysis treatments on Mondays, Wednesdays, and Fridays. A "STRETCHER VAN" comes to return her home after her Friday treatment. She still has fluid on her lungs and she has a low oxygen saturation, with labored breathing. The "STRETCHER VAN" takes her home and bids her a good weekend. What happens when an hour later she can no longer breathe? She is basically drowning in her own fluid in her lungs. This could have been prevented if Mrs. Jones was in a SC DHEC certified ambulance with SC certified EMT's that have successfully been trained with an approved SC DHEC course(s) and SC DOT approved training. An EMT that goes monthly to inservice programs to learn new treatments and practice assessments. I much rather put my medical needs in the hands of a qualified person rather than someone who takes a first aid and CPR class every year or two. Not only dialysis patients, but all patients needing medical care during transports will be affected by this proposal.

It is also appalling to me to read in this proposed notion that no scientific data was obtained to support this theory of "STRETCHER VAN". How do you take the practice of medicine / para-medicine / nursing / physical therapy / occupational therapy / nephrology / cardiology / orthopaedics / pediatrics / neonatal medicine / oncology / neurology / urology / psychology / surgical medicine / obstetrics / gynecology / toxicology / infectious disease control & prevention & numerous other medical disciplines and not use scientific data to support a proposal that directly will affect the transportation of the patients under these medical supervisions?

I am an American Heart Association BLS & First Aid Instructor. No where in the curriculum is found how to provide medical transportation. I do not teach people what to do in the cases of sever CHF exacerbation, Fluid overload, Proper techniques with Arterial-Venous accesses that all dialysis patients have. So, how are you trying to have this surreal idea to allow this proposed plan to care for dialysis patients in transportation to and from treatment.

Allow me to give the synopsis of Logisticare's proposed plan to use "STRETCHER VANS" to provide transportation, once more - NEGLECT.

Sincerely,



Joshua M. Bowers, NREMT-B